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CONFIRMATION NO. 5651

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|--|---|-------------------------------|---|---|
| SERIAL NUMBER 10/680,356 | FILING OR 371(c) DATE 10/06/2003 RULE | CLASS 435 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. 58600-8229.US00 |
| APPLICANTS Chiaki Ishii, Menlo Park, CA; Steven G. Boxer, Stanford, CA; Lance Kam, New York, NY; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/416,066 10/05/2002 and claims benefit of 60/416,065 10/05/2002 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/02/2004 | | | | |
| ** SMALL ENTITY ** | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Shapiro PMA</i> <i>I.P.</i> Examiner's Signature Initials | | STATE OR COUNTRY CA | SHEETS DRAWING 15 | TOTAL CLAIMS 20 |
| INDEPENDENT CLAIMS 4 | | | | |
| ADDRESS 22918 | | | | |
| TITLE Spatially encoded and mobile arrays of tethered lipids | | | | |
| FILING FEE RECEIVED 493 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |